



92 Franklin Street
Buffalo, New York 14202
716/858-6600

COUNTY OF ERIE

-
- PLEASE READ **MANDATORY** INSTRUCTIONS CAREFULLY
AND COMPLETE **ALL** STEPS BEFORE SUBMITTING APPLICATION IN PERSON
- Failure to do so may result in the delay of, or inability to accept your application.
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- 1.)
 - 2.) **USE BLACK INK ONLY - PLEASE TYPE OR PRINT.** Your phone number must be listed on the upper left hand corner of the enclosed two (2) State Applications (PPB-3) and they must be completed and submitted WITH SIGNATURES. No copies. The spaces indicating "LICENSE NUMBER", "COUNTY ISSUE", "CODE", "DATE OF ISSUE" AND "NYSID NUMBER" **ARE TO BE LEFT BLANK.** Beginning with your last name, *FILL IN ALL THE INFORMATION IN THE GREY SHADED AREAS.* Then continue by completing the rest of the information.
 - 3.) The applicant's signature **MUST be ACKNOWLEDGED ON ALL FORMS**, by either a Notary or Commissioner of Deeds. **The Jurat** is for the Notary or Commissioner of Deeds signature.
 - 4.) Applicants must be twenty-one (**21**) years of age. Immigration documentation is required for non-citizen applicants. For U.S. Citizens born outside of the United States, proof of citizenship must be provided.
 - 5.) Please submit with your application two (**2**) photographs 2" x 2" (inches) black and white or color. **NO MACHINE OR AMATEUR PHOTOGRAPHS** will be accepted. **PLEASE PRINT YOUR NAME ON THE BACK OF EACH PICTURE.** Pictures are available for a \$10 fee next door in the Erie County Clerk's Administrative Office.
 - 6.) **ALL REFERENCES MUST LIVE IN ERIE COUNTY. All references MUST sign BOTH State Applications. In addition, your four (4) character references must live in your city, town, or village, unless prior written approval is obtained from your local Police Agency and such approval must be with your application.**
 - 7.) Applicants must have instructions in the safe handling of firearms from a certified instructor, and proof of such training must be submitted with the application.
 - 8.) All applicants must complete form entitled affidavit. This portion of the form must also be notarized.
 - 9.) The backs of BOTH applications (Forms PPB-3/PPB-3A) **must** contain the applicant's **SIGNATURE** and **ADDRESS**, directly above the section labeled "INVESTIGATIVE REPORT".
 - 10.) If you are requesting **Personal and/or Business Protection** and are applying for **Personal** Protection, you must **STATE IN DETAIL YOUR NEED FOR SUCH PROTECTION.** This portion of the affidavit must also be notarized.
 - 11.) If you are requesting **Personal and/or Business Protection** and are applying for **Business** Protection, you must complete the Business Protection Affidavit, **STATING IN DETAIL YOUR NEED FOR SUCH PROTECTION.** If you are the owner of a business, please submit a copy of your corporate minutes indicating your position with the business, DBA or Business Certificate. If you are applying for a license in connection with present or proposed employment, you must submit a letter from your employer on company letterhead or a notarized letter from your employer verifying both your employment and the need for you to carry a weapon as part of your employ. This portion of the affidavit must also be notarized. Submit with your completed application.
 - 12.) **IF YOU HAVE EVER BEEN ARRESTED, OR CHARGED FOR ANY OFFENSE EXCEPT MINOR TRAFFIC INFRACTIONS (SPEEDING OR STOP SIGNS) YOU MUST SUBMIT A CERTIFICATE OF DISPOSITION FOR EACH ARREST WITH YOUR APPLICATION.** Certificates of Disposition can be obtained from the Court where your case was heard. **YOUR FAILURE TO DISCLOSE ANY CRIMINAL CHARGE, (EVEN IF DISMISSED AND SEALED), WILL BE SUFFICIENT CAUSE TO DENY THIS APPLICATION.**
 - 13.) **COMPLETED APPLICATION MUST BE SUBMITTED IN PERSON before 4:00 pm (3:00 pm*) to the Erie County Pistol Permit Department.** The application **MUST BE ACCOMPANIED BY A NON-REFUNDABLE \$20.00** permit processing fee, payable by cash, personal check or money order.
The fingerprinting process will be explained with the submission of your completed application.
 - 14.) **Erie County Pistol Permit Hours:** Monday, Tuesday, Thursday, & Friday from 9:00 am - 4:45 pm
Wednesday - CLOSED

AFFIDAVIT-ALL QUESTIONS MUST BE ANSWERED

I _____ residing at _____
(Name in full) (Maiden Name) (Physical Address)

(Mailing Address if different)
in the County of Erie, State of New York being an applicant for a handgun permit, and being duly sworn, depose and make answer to the following:

1) Are you an active dues-paying member of a bonafide gun club? Circle One YES NO
If yes, name of the club and extent of activity: _____

2) Relate any prior experience (training with weapons) such as military services, gun clubs, hunting, etc. _____

3) What provisions have you made to keep weapon secreted in the home, or place of business? Explain: _____

4) Are there children residing in your home? Circle One YES NO Ages _____

5) Explain when and during what hours the weapon will be in your physical possession: _____

6) Are you receiving treatment for any illness? If so, state the nature of your illness: _____

7) Do you have any physical or visual disabilities? If yes, explain: _____

8) Please designate a person who will be responsible for notifying the pistol permit office and surrendering your gun(s) in the event of your subsequent incapacity or death:

Name: _____ Phone: _____

Address: _____

9) If you are not a citizen of the United States, why do you require a permit?

Sworn to and subscribed before me this _____ day _____

_____, 20 _____

Signature of applicant

Notary public or Commissioner of Deeds

REQUEST FOR PERSONAL AND/OR BUSINESS PROTECTION ON PISTOL PERMIT

1) Reason for request in detail: _____

2) Hours when permit will be carried for business or personal protection: _____

Sworn to me this _____ day of _____ 20 _____

NOTARY PUBLIC, COMMISSIONER OF DEEDS, JUDGE OR JUSTICE

APPLICANT'S SIGNATURE IN FULL

Cell Phone # _____ Home Phone # _____
E-Mail Address _____
Applicants Name _____
Address _____
Country of Birth _____
Any additional last names you were known by: _____

Character References-No Relatives or Employees of the Erie County Sheriff's Department

NAME: _____ / Maiden name: _____
Address: _____
Home Phone # _____ Cell Phone # _____
Work Phone # _____ Date of Birth: _____

NAME: _____ / Maiden name: _____
Address: _____
Home Phone # _____ Cell Phone # _____
Work Phone # _____ Date of Birth: _____

NAME: _____ / Maiden name: _____
Address: _____
Home Phone # _____ Cell Phone # _____
Work Phone # _____ Date of Birth: _____

NAME: _____ / Maiden name: _____
Address: _____
Home Phone # _____ Cell Phone # _____
Work Phone # _____ Date of Birth: _____

NOTICE TO APPLICANT:

**YOUR CHARACTER REFERENCES WILL BE INVESTIGATED FOR A PAST
CRIMINAL HISTORY. A CHARACTER REFERENCE WITH AN ARREST RECORD
COULD BE UNACCEPTABLE AND DELAY YOUR APPLICATION.**

**THE FINGERPRINTING PROCESS WILL BE EXPLAINED TO YOU UPON
RECEIPT OF YOUR COMPLETED APPLICATION**

PERSONAL INFORMATION REGARDING APPLICANT

TO BE COMPLETED BY INVESTIGATING OFFICER

NAME: _____ Date Interviewed _____

Investigating Officer (Print Name): _____

Date of Birth: _____ Place of Birth: _____

Present Address: _____

Former Address: _____

Employer: _____

Address of Employer: _____

How Long? _____ Job Title: _____

Former Employer: _____

Address: _____

1) Children: Living/using area where handgun will be stored, kept or used?

(Circle one) YES NO Ages: _____

If yes, how will they be safeguarded? _____

2) Do you drink alcoholic beverages to excess or use any medication or drug that might impair your judgment?

If yes, explain: _____

3) Do you have any personal, mental or emotional problem which could cause you to act in any manner which would be a threat to public safety if you were armed?

If yes, explain: _____

4) Reason for permit: _____

5) Police Record: _____

Additional Information: _____



County of Erie

CHARACTER REFERENCE REQUIREMENTS (Instruction #6 on Application Instructions)

The Erie County Pistol Permit Department works with numerous law enforcement agencies as part of the application process. Each police agency has its own requirements concerning acceptable references. Please note, the applicant must be aware of their city, town or village of RESIDENCE, (NOT mailing address), because their local police department is the agency which will handle the background checks of the applicant and references.

Below is a list of acceptable references, for each jurisdiction:

- AMHERST: At least 2 references must live in Amherst, the other 2 may live anywhere in Erie County.
- BUFFALO: Preferably all 4 from the City of Buffalo.
- CHEEKTOWAGA: All 4 must live in Cheektowaga.
- EAST AURORA: At least 2 references must live in East Aurora, the other 2 may live anywhere in Erie County.
- LANCASTER: At least 2 references must live in Lancaster, the other 2 may live anywhere in Erie County.
- TONAWANDA (CITY): All 4 must live in the City of Tonawanda
- TONAWANDA (TOWN): All 4 must live in the Town of Tonawanda or Village of Kenmore.

The Erie County Pistol Permit Department CANNOT make exceptions to the above requirements; those must be made by an authorized person at the specific police department.

Applicants who live in any other towns, villages and cities with either their own police agency or that are served by the Erie County Sheriff's Department, may use anyone in Erie County as a reference.

(Over)

REGARDLESS OF POLICE AGENCY, NO REFERENCES CAN BE RELATIVES OF THE APPLICANT, OR EMPLOYEES OF THE ERIE COUNTY SHERIFF'S DEPARTMENT.

THIS INFORMATION IS CURRENT AS OF 03/26/2015, AND IS SUBJECT TO CHANGE AT ANY TIME, WITHOUT PRIOR NOTICE.

HANDGUN SAFETY COURSE
(Instruction #7 on Application Instructions)

A DD-214 form is acceptable in lieu of a handgun safety course certificate.

FINGERPRINTING
(Instruction #13 on Application Instructions)

The entire fingerprinting process, including fees, locations and scheduling, will be explained with the submission of your completed application.

Phone#: _____

Police Agency: _____

INSTRUCTIONS: (Print or type in black ink only)

STATE OF NEW YORK

Pistol /Revolver License Application

NYSID NUMBER		PPB-3 (REV. 03/11)		COUNTY OF ISSUE		CODE	
LICENSE NUMBER		STATE OF NEW YORK		ERIE			
DATE OF ISSUE		Pistol /Revolver License Application		EXPIRATION DATE		MONTH DAY YEAR	
LAST NAME		FIRST NAME		MI		MONTH DAY YEAR SEX	
RESIDENCE ADDRESS		CITY/VILLAGE/TOWN AND STATE IF OTHER THAN NEW YORK		DATE OF BIRTH		ZIP CODE	
HGT (ins)		WGT (lbs)		EYES		HAIR	
RACE		SOCIAL SECURITY NUMBER		PRESENT OCCUPATION		CITIZEN OF U.S.A.	
EMPLOYED BY		NATURE OF BUSINESS		BUSINESS ADDRESS		CITIZEN OF U.S.A.	
						YES NO	

I HEREBY APPLY FOR A PISTOL/ REVOLVER LICENSE TO: (Check one only) ☒ CARRY CONCEALED ☐ * POSSESS ON PREMISES

☐ * POSSESS/ CARRY DURING EMPLOYMENT (* Premise address or place of employment must be provided)

****Circle one or more**

**** A LICENSE IS REQUIRED FOR THE FOLLOWING REASON:** Target&Hunting Unrestricted/Personal Protection Business Protection

***Business Name if applicable:** _____

GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER			
LAST, FIRST, MI	STREET ADDRESS	CITY, VILLAGE, TOWN	SIGNATURE

HAVE YOU EVER BEEN ARRESTED, SUMMONED, CHARGED OR INDICTED ANYWHERE FOR ANY OFFENSE, INCLUDING DWI (EXCEPT TRAFFIC INFRACTIONS)? ☐ YES ☐ NO IF YES, FURNISH THE FOLLOWING INFORMATION:

DATE	POLICE AGENCY	CHARGE	DISPOSITION - COURT AND DATE

HAVE YOU EVER BEEN TERMINATED/ DISCHARGED FROM ANY EMPLOYMENT OR THE ARMED FORCES FOR CAUSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER UNDERGONE TREATMENT FOR ALCOHOLISM OR DRUG USE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER SUFFERED ANY MENTAL ILLNESS, OR BEEN CONFINED TO ANY HOSPITAL, PUBLIC OR PRIVATE INSTITUTION, FOR MENTAL ILLNESS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S LICENSE, GUNSMITH LICENSE, OR ANY APPLICATION FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A LICENSE REVOKED OR CANCELED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER USE OF A HANDGUN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT OF A PROCEEDING IN FAMILY COURT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE:

PHOTOGRAPH OF APPLICANT TAKEN WITHIN 30 DAYS	ANY OMISSION OF FACT OR ANY FALSE STATEMENT WILL BE SUFFICIENT CAUSE TO DENY THIS APPLICATION AND CONSTITUTES A CRIME PUNISHABLE BY FINE, IMPRISONMENT, OR BOTH.
FULL FACE ONLY	I AM AWARE THAT THE FOLLOWING CONDITIONS AFFECT ANY LICENSE WHICH MAY BE ISSUED TO ME:
	1. NO LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS VALID IN THE CITY OF NEW YORK.
	2. ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION WILL BE VALID ONLY FOR A PISTOL OR REVOLVER SPECIFICALLY DESCRIBED IN THE LICENSE PROPERLY ISSUED BY THE LICENSING OFFICER.
	3. IF I PERMANENTLY CHANGE MY ADDRESS, NOTICE OF SUCH CHANGE AND MY NEW ADDRESS MUST BE FORWARDED TO THE SUPERINTENDENT OF THE STATE POLICE AND IN NASSAU COUNTY AND SUFFOLK COUNTY, TO THE LICENSING OFFICER OF THAT COUNTY, WITHIN 10 DAYS OF SUCH CHANGE.
	4. ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS SUBJECT TO REVOCATION AT ANY TIME BY THE LICENSING OFFICER OR ANY JUDGE OR JUSTICE OF A COURT OF RECORD.

SIGNATURE OF APPLICANT	JURAT:	For NOTARY below:
	SIGNED AND SWORN TO BEFORE ME	
	THIS _____ DAY OF _____, 20 _____	
	AT _____, NEW YORK	
	SIGNATURE OF OFFICER ADMINISTERING OATH	

1. RIGHT THUMB	2. RIGHT FOREFINGER	3. RIGHT MIDDLE FINGER	4. RIGHT RING FINGER	5. RIGHT LITTLE FINGER
The Fingerprinting process will be explained with the submission of your completed application				
6. LEFT THUMB	7. LEFT FOREFINGER	8. LEFT MIDDLE FINGER	9. LEFT RING FINGER	10. LEFT LITTLE FINGER
The Fingerprinting process will be explained with the submission of your completed application				

PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY		
LEFT FOUR FINGERS		RIGHT FOUR FINGERS
	THUMBS TAKEN TOGETHER	

IMPRESSIONS
TAKEN BY: NAME RANK SHIELD DATE
X APPLICANT'S SIGNATURE AND ADDRESS:

INVESTIGATION REPORT – ALL INFORMATION PROVIDED BY THIS APPLICANT HAS BEEN VERIFIED:		
NAME	RANK	ORGANIZATION
Recommend: Approved - Disapproved (strike out one)		

SIGNATURE OF INVESTIGATING OFFICER	
THIS APPLICATION IS APPROVED – DISAPPROVED (STRIKE OUT ONE)	THE FOLLOWING RESTRICTION(S) IS (ARE) APPLICABLE TO THIS LICENSE:
TITLE AND SIGNATURE OF LICENSING OFFICER	

IF LICENSING OFFICER AUTHORIZES THE POSSESSION OF A PISTOL OR REVOLVER AT THE TIME OF ISSUE OF ORIGINAL LICENSE, FURNISH THE FOLLOWING INFORMATION:					
MANUFACTURER	PISTOL OR REVOLVER	CALIBER	SERIAL NUMBER	MODEL	PROPERTY OF:

Phone#: _____

In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the Pistol Permit Bureau as part of the standard for recording Firearms. Failure to disclose your Social Security Number will prohibit your transaction from being recorded. The State Police will release your Social Security Number only for reasons required by law or with your written consent.

INSTRUCTIONS: Print or type in black ink only

NYSID NUMBER										PPB-3 (REV. 03/11)	COUNTY OF ISSUE													
LICENSE NUMBER										STATE OF NEW YORK	ERIE	CODE												
DATE OF ISSUE	MONTH		DAY		YEAR					PISTOL /REVOLVER LICENSE APPLICATION	EXPIRATION DATE	MONTH	DAY	YEAR										
											GOOD UNTIL REVOKED													
LAST NAME										FIRST NAME										MI	MONTH	DAY	YEAR	SEX
RESIDENCE ADDRESS										CITY/VILLAGE/TOWN AND STATE IF OTHER THAN NEW YORK										ZIP CODE				
HGT (ins)	WGT (lbs)	EYES	HAIR	RACE	SOCIAL SECURITY NUMBER					PRESENT OCCUPATION					CITIZEN OF U.S.A.									
															<input type="checkbox"/> YES <input type="checkbox"/> NO									
EMPLOYED BY					NATURE OF BUSINESS					BUSINESS ADDRESS														

I HEREBY APPLY FOR A PISTOL/ REVOLVER LICENSE TO: (Check one only) ☒ CARRY CONCEALED ☐ *POSSESS ON PREMISES
☐ *POSSESS/ CARRY DURING EMPLOYMENT (* Premise address or place of employment must be provided)

**Circle one or more

** A LICENSE IS REQUIRED FOR THE FOLLOWING REASON: Target&Hunting Unrestricted/Personal Protection Business Protection
*Business Name if applicable:

GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER			
LAST, FIRST, MI	STREET ADDRESS	CITY, VILLAGE, TOWN	SIGNATURE

HAVE YOU EVER BEEN ARRESTED, SUMMONED, CHARGED OR INDICTED ANYWHERE FOR ANY OFFENSE, INCLUDING DWI (EXCEPT TRAFFIC INFRACTIONS)? ☐ YES ☐ NO IF YES, FURNISH THE FOLLOWING INFORMATION:

DATE	POLICE AGENCY	CHARGE	DISPOSITION - COURT AND DATE

HAVE YOU EVER BEEN TERMINATED/ DISCHARGED FROM ANY EMPLOYMENT OR THE ARMED FORCES FOR CAUSE? ☐ YES ☐ NO

HAVE YOU EVER UNDERGONE TREATMENT FOR ALCOHOLISM OR DRUG USE? ☐ YES ☐ NO

HAVE YOU EVER SUFFERED ANY MENTAL ILLNESS, OR BEEN CONFINED TO ANY HOSPITAL, PUBLIC OR PRIVATE INSTITUTION, FOR MENTAL ILLNESS? ☐ YES ☐ NO

HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S LICENSE, GUNSMITH LICENSE, OR ANY APPLICATION FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A LICENSE REVOKED OR CANCELED? ☐ YES ☐ NO

DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER USE OF A HANDGUN? ☐ YES ☐ NO

HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT OF A PROCEEDING IN FAMILY COURT? ☐ YES ☐ NO

IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE:

PHOTOGRAPH OF APPLICANT TAKEN WITHIN 30 DAYS	ANY OMISSION OF FACT OR ANY FALSE STATEMENT WILL BE SUFFICIENT CAUSE TO DENY THIS APPLICATION AND CONSTITUTES A CRIME PUNISHABLE BY FINE, IMPRISONMENT, OR BOTH.
	I AM AWARE THAT THE FOLLOWING CONDITIONS AFFECT ANY LICENSE WHICH MAY BE ISSUED TO ME: 1. NO LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS VALID IN THE CITY OF NEW YORK. 2. ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION WILL BE VALID ONLY FOR A PISTOL OR REVOLVER SPECIFICALLY DESCRIBED IN THE LICENSE PROPERLY ISSUED BY THE LICENSING OFFICER. 3. IF I PERMANENTLY CHANGE MY ADDRESS, NOTICE OF SUCH CHANGE AND MY NEW ADDRESS MUST BE FORWARDED TO THE SUPERINTENDENT OF THE STATE POLICE AND IN NASSAU COUNTY AND SUFFOLK COUNTY, TO THE LICENSING OFFICER OF THAT COUNTY, WITHIN 10 DAYS OF SUCH CHANGE. 4. ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS SUBJECT TO REVOCATION AT ANY TIME BY THE LICENSING OFFICER OR ANY JUDGE OR JUSTICE OF A COURT OF RECORD.
FULL FACE ONLY	JURAT: SIGNED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____ AT _____, NEW YORK
SIGNATURE OF APPLICANT	For NOTARY below: _____ SIGNATURE OF OFFICER ADMINISTERING OATH

1. RIGHT THUMB	2. RIGHT FOREFINGER	3. RIGHT MIDDLE FINGER	4. RIGHT RING FINGER	5. RIGHT LITTLE FINGER
The Fingerprinting process will be explained with the submission of your completed application				
6. LEFT THUMB	7. LEFT FOREFINGER	8. LEFT MIDDLE FINGER	9. LEFT RING FINGER	10. LEFT LITTLE FINGER
The Fingerprinting process will be explained with the submission of your completed application				

PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY		
LEFT FOUR FINGERS	THUMBS TAKEN TOGETHER	RIGHT FOUR FINGERS

IMPRESSIONS TAKEN BY:	NAME	RANK	SHIELD	DATE
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X APPLICANT'S SIGNATURE AND ADDRESS:

INVESTIGATION REPORT – ALL INFORMATION PROVIDED BY THIS APPLICANT HAS BEEN VERIFIED:

NAME	RANK	ORGANIZATION
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Recommend: Approved - Disapproved (strike out one)

SIGNATURE OF INVESTIGATING OFFICER	
THIS APPLICATION IS APPROVED – DISAPPROVED (STRIKE OUT ONE)	THE FOLLOWING RESTRICTION(S) IS (ARE) APPLICABLE TO THIS LICENSE:

TITLE AND SIGNATURE OF LICENSING OFFICER
--

IF LICENSING OFFICER AUTHORIZES THE POSSESSION OF A PISTOL OR REVOLVER AT THE TIME OF ISSUE OF ORIGINAL LICENSE, FURNISH THE FOLLOWING INFORMATION:

MANUFACTURER	PISTOL OR REVOLVER	CALIBER	SERIAL NUMBER	MODEL	PROPERTY OF:

DUPLICATE OF THIS APPLICATION MUST BE FILED WITH THE SUPERINTENDENT OF STATE POLICE WITHIN 10 DAYS OF ISSUANCE AS REQUIRED BY PENAL LAW SECTION 400.00 SUBD.5.

In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the Pistol Permit Bureau as part of the standard for recording Firearms. Failure to disclose your Social Security Number will prohibit your transaction from being recorded. The State Police will release your Social Security Number only for reasons required by law or with your written consent.

NYSID NUMBER												PPB-3 (REV. 03/11)										COUNTY OF ISSUE											
LICENSE NUMBER												STATE OF NEW YORK PISTOL /REVOLVER LICENSE APPLICATION										ERIE										CODE	
DATE OF ISSUE		MONTH		DAY		YEAR																		EXPIRATION DATE		MONTH		DAY		YEAR			
																						GOOD UNTIL REVOKED											
LAST NAME										FIRST NAME										MI	MONTH		DAY		YEAR		SEX						
RESIDENCE ADDRESS										CITY/VILLAGE/TOWN AND STATE IF OTHER THAN NEW YORK										DATE OF BIRTH		ZIP CODE											
HGT (ins)		WGT (lbs)		EYES		HAIR		RACE		SOCIAL SECURITY NUMBER					PRESENT OCCUPATION					CITIZEN OF U.S.A.													
																				<input type="checkbox"/> YES <input type="checkbox"/> NO													
EMPLOYED BY										NATURE OF BUSINESS										BUSINESS ADDRESS													

****Circle one or more**

*Business Name if applicable:

LAST, FIRST, MI	STREET ADDRESS	CITY, VILLAGE, TOWN	SIGNATURE

DATE	POLICE AGENCY	CHARGE	DISPOSITION - COURT AND DATE

IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE:

FULL FACE ONLY

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4. ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS SUBJECT TO REVOCATION AT ANY TIME BY THE LICENSING OFFICER OR ANY JUDGE OR JUSTICE OF A COURT OF RECORD.

AT _____, NEW YORK

PPB3/PPB3A

1. RIGHT THUMB	2. RIGHT FOREFINGER	3. RIGHT MIDDLE FINGER	4. RIGHT RING FINGER	5. RIGHT LITTLE FINGER
The Fingerprinting process will be explained with the submission of your completed application				
6. LEFT THUMB	7. LEFT FOREFINGER	8. LEFT MIDDLE FINGER	9. LEFT RING FINGER	10. LEFT LITTLE FINGER
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PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY		
LEFT FOUR FINGERS	THUMBS TAKEN TOGETHER	RIGHT FOUR FINGERS

IMPRESSIONS TAKEN BY:	NAME	RANK	SHIELD	DATE
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X APPLICANT'S SIGNATURE AND ADDRESS:

INVESTIGATION REPORT – ALL INFORMATION PROVIDED BY THIS APPLICANT HAS BEEN VERIFIED:

NAME	RANK	ORGANIZATION
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Recommend: Approved - Disapproved (strike out one)

SIGNATURE OF INVESTIGATING OFFICER	
THIS APPLICATION IS APPROVED – DISAPPROVED (STRIKE OUT ONE)	THE FOLLOWING RESTRICTION(S) IS (ARE) APPLICABLE TO THIS LICENSE:

TITLE AND SIGNATURE OF LICENSING OFFICER
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IF LICENSING OFFICER AUTHORIZES THE POSSESSION OF A PISTOL OR REVOLVER AT THE TIME OF ISSUE OF ORIGINAL LICENSE, FURNISH THE FOLLOWING INFORMATION:

MANUFACTURER	PISTOL OR REVOLVER	CALIBER	SERIAL NUMBER	MODEL	PROPERTY OF:

DUPLICATE OF THIS APPLICATION MUST BE FILED WITH THE SUPERINTENDENT OF STATE POLICE WITHIN 10 DAYS OF ISSUANCE AS REQUIRED BY PENAL LAW SECTION 400.00 SUBD.5.